



HEALTH PLANS



Your 2009 Medical Plan Options Include:

- Anthem Blue Cross PPO
- Anthem Blue Cross HMO Preferred (High)
- Anthem Blue Cross HMO Standard (Midway)
- Anthem Blue Cross HMO Value (Low)
- Kaiser Permanente HMO Preferred (High)
- Kaiser Permanente HMO Standard (Midway)
- Kaiser Permanente HMO Value (Low)

2009 Medical & Dental Plan Highlights

Anthem Blue Cross (PPO)

- ♣ This plan gives you the freedom to choose your providers, along with the cost-saving opportunities of using an established network
- ♣ The annual out of pocket maximum under the Anthem Blue Cross PPO network is \$1,000 per covered employee and dependent
- ♣ No annual deductible for medical services within the Anthem Blue Cross PPO network
- ♣ Eligible dependent children are covered until age 25 (if a full-time student); otherwise dependent children are covered to age 19

Anthem Blue Cross (HMOs)

- ♣ You may only use HMO doctors, facilities, and medical groups for all treatments and services
- ♣ The Primary Care Physician (PCP) you select will manage your health care needs
- ♣ The annual out of pocket maximum under the Anthem Blue Cross HMO network is \$1,500 per covered employee and dependent
- ♣ No annual deductible for medical services within the Anthem Blue Cross HMO network
- ♣ Eligible dependent children are covered until age 25 (if a full-time student); otherwise dependent children are covered to age 19

Kaiser Permanente (HMOs)

- ♣ You may only use Kaiser doctors, facilities, and medical groups for all your treatments and services
- ♣ The Primary Care Physician (PCP) you select will manage your health care needs
- ♣ The annual out of pocket maximum under the Kaiser HMO network is \$1,500 per covered employee and dependent
- ♣ No annual deductible for medical services within the Kaiser HMO network
- ♣ Eligible dependent children are covered until age 24 (if a full-time student); otherwise dependent children are covered to age 19

Other Important Information

- ♣ If you are adding a new dependent to your medical and/or dental plan, you must submit proof of eligibility (copy of birth certificate, marriage certificate, etc.) to HR Benefits Division.
- ♣ Any coverage change, such as adding a dependent or deleting a dependent, is effective the first of the following month of qualifying event (i.e. birth date, marriage date, etc.)
- ♣ NEW subscribers and/or eligible dependents to a medical HMO and/or dental DHMO plan must select a Primary Care Physician/Dentist by contacting the medical and/or dental provider directly.
- ♣ If you do not select coverage under one of the City's medical plans, please contact the HR Benefits Division regarding eligibility for the "Health Opt-Out" program.

You can find highlights for the City's dental plans on the next page!

Information provided courtesy of the Human Resources Benefit Division



DENTAL PLANS



EVERYONE DESERVES A HEALTHY SMILE



Your 2009 Dental Plan Options Include:

Delta Preferred Option (DPO)

- ♣ The **DPO** option gives you the freedom to visit any Delta dentist
- ♣ Annual benefit maximum is \$2,000 per person & calendar year
- ♣ Orthodontic benefit is covered at 50% of DPO approved fee that is subject to a \$2,000 lifetime maximum per person
- ♣ Each eligible dependent may sign up for a different dentist under the **DPO network**
- ♣ Eligible dependent children are covered until age 24 (if a full-time student); otherwise dependent children are covered to age 19

DeltaCare PMI (DHMO)

- ♣ Under the DHMO, you agree to use **DeltaCare PMI** providers for your dental care needs
- ♣ No annual benefit maximum per person & calendar year
- ♣ Orthodontic benefit is covered at 100% after \$350 start-up fee & \$1,600 co-pay for dependent children to age 19 & \$1,800 co-pay for adults and covered full-time students
- ♣ Each eligible dependent may sign up for a different dentist under the **DHMO dentist network**
- ♣ Eligible dependent children are covered until age 24 (if a full-time student); otherwise dependent children are covered to age 19

Local Dental Advantage

- ♣ Is a self-directed plan designed exclusively for City of Riverside employees
- ♣ Annual benefit maximum is \$2,000 per person & calendar year
- ♣ Orthodontic benefit is a \$1,250 discount off usual, reasonable, and customary fees
- ♣ Each eligible dependent may sign up for a different dentist under the **Riverside Dental Group or First Dental exclusive network**
- ♣ Eligible dependent children are covered until age 23 (if a full-time student); otherwise dependent children are covered to age 19

Provider Contact Information:

If you have any questions about your medical and/or dental plan, please use the contact information below:

Provider Contact	Telephone Number	Provider Website
Anthem Blue Cross of California (PPO)	800-477-2226	www.bluecrossca.com
Anthem Blue Cross of California (HMOs)	800-227-3613	www.bluecrossca.com
Kaiser Permanente (HMOs)	800-731-4661	www.kaiserpermanente.org
Delta Preferred Option (DPO)	888-335-8227	www.deltadentalins.com
DeltaCare PMI (DHMO)	800-422-4234	www.deltadentalins.com
Local Dental Advantage	888-540-9488	www.riversidedentalgroup.com

Detailed plan summaries on each medical and dental plan will be posted on the Benefits website!

We hope that you'll find our weekly updates helpful. Stay tuned for more information!

Information provided courtesy of the Human Resources Benefit Division

